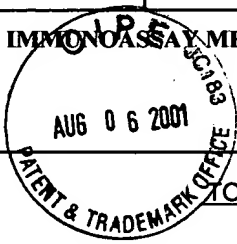

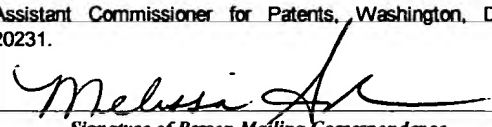


1641

| | | | | | |
|---|-------------------------------------|-----------------------------|--|---------|-------------------|
| AMENDMENT TRANSMITTAL LETTER (Large Entity) | | | Docket No. FUJ1-AZ72a | | |
| Applicant(s): Yasu Yamao et al. | | | | | |
| Serial No. 09/511,824 | Filing Date February 24, 2000 | Examiner G. Gabel | Group Art Unit 1641 | | |
| Invention: IMMUNOASSAY METHOD FOR LYSSED WHOLE BLOOD | | | | | |
|  | | | | | |
| TO THE ASSISTANT COMMISSIONER FOR PATENTS: | | | | | |
| Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | 4 - | 20 = | 0 x | \$18.00 | \$0.00 |
| INDEP. CLAIMS | 2 - | 3 = | 0 x | \$80.00 | \$0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | \$0.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$0.00 |
| <div><input checked="" type="checkbox"/> No additional fee is required for amendment.</div> <div><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed.</div> <div><input checked="" type="checkbox"/> A check in the amount of \$100.00 to cover the proposed Terminal Disclaimer</div> <div><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-2462 A duplicate copy of this sheet is enclosed.</div> <div><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</div> <div><input type="checkbox"/> Any patent application processing fees under 37 CFR</div> | | | | | |
| <div> Signature</div> <div>Joseph W. Price Registration No. 25,124 PRICE AND GESS 2100 S.E. Main Street, Suite 250 Irvine, California 92614 Tel. No.: 949 261-8433</div> | | | Dated: August 1, 2001 | | |
| cc: | | | <div>I certify that this document and fee is being deposited on 08/01/01 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.</div> <div> Signature of Person Mailing Correspondence</div> <div>Melissa Sanchez Typed or Printed Name of Person Mailing Correspondence</div> | | |

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FUJ2-AZ72a



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PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Yasuo Yamao, et al.

Serial No.: 09/511,824

Filed: February 24, 2000

For: IMMUNOASSAY METHOD FOR
LYSED WHOLE BLOOD

Examiner: G. Gabel

Group Art Unit: 1641

August 1, 2001

Irvine, California 92614

RESPONSE TO OFFICE ACTION

Assistant Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

In response to the Office Action of May 11, 2001, please amend the above-identified application as follows:

IN THE CLAIMS

- Sub
E1
- 1 9. (Twice Amended) An immunoassay method of quantifying a predetermined
- 2 antigen in a sample of whole blood, comprising the steps of:
- 3 providing a sample of the whole blood;
- 4 adding a hemolysis reagent (and a latex reagent directly) to the sample of
- 5 the whole blood (and hemolysing the whole blood sample with the hemolysis reagent) to
- 6 hemolyse the blood corpuscles;